

					SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment	Highest No. Previously Paid for		Present Extra	Rate	Additional Fee	Rate	Additi nal Fee
Total	11	Minus	20	-	x 9	-	x 18	-
Indep.	6	Minus	7	-	X 84		x 42	-
Fee for Multiple Dependent Claims					+140		+280	-
TOTAL ADDITIONAL FEES						-	OR	-

6. **Method of Payment of Fees**

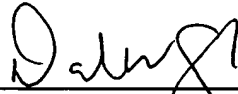
(X) Enclosed is our firm check in the amounts of: \$ 110 for extension fees.

() Charge \$ _____ to Deposit Account No. 50-1214.

6. (X) The Commissioner is hereby authorized to charge any additional fees which may be required in this application under 37 C.F.R. §§1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 50-1214. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1214. This sheet is filed in duplicate.

Respectfully Submitted,

February 6, 2003
(Date)

By: 
David W. Clough, Ph.D.
Registration No. 36,107

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